Nova Scotia

NOVA SCOTIA COMMISSION ON DRUG DEPENDENCY

Annual Report for the year ending Dec. 31, 1982

March 9, 1983

The Honourable Gerald Sheehy
Minister in Charge of the Administration
of the Drug Dependency Act
Province of Nova Scotia

I have the pleasure of presenting for your consideration, the Annual Report of the Nova Scotia Commission on Drug Dependency for 1982.

The Commission has in the past twelve months enjoyed another year of exceptional growth. Our Centres continue to be the means by which many troubled Nova Scotians find a way out of the maze of drug dependency, to a full and meaningful lifestyle. The demands on our staff are ever increasing, as more and more of our citizens become aware of their problems and reach out to the Commission for help. Despite the very trying economic conditions of the day, which necessitate Government spending cut-backs, we have been able to maintain our high level of service. However, it is evident that the Commission is suffering because of fiscal belt-tightening, and we are more convinced than ever that the implementation of a Rehabilitation Tax is required in order to allow us to grow in the manner demanded by the citizens of our Province. It is the strong view of the Commission that a Rehabilitation Tax revenue generated by liquor sales would begin the process of total provincial coverage by the Commission.

We regret that during the past year we have been unable to establish service in the Eastern Shore area, that in other regions we have been forced to cut back on the available beds and have been unable to develop new programs which would ensure that hundreds of Nova Scotians receive the help they so desperately need.

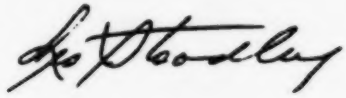
Having led the way in rehabilitation of drug dependent people in Canada, we in Nova Scotia feel that we must continue our leadership, but this can only be attained if our Government commits itself to allowing such leadership to continue by supporting it with funds. It is the hope of the Commission that 1983 will see another example of Nova Scotia's leadership through the enactment of legislation permitting a tax for rehabilitation purposes on beverage alcohol.

The staff of the Commission continues its high calibre of ser-

vice. Our Executive Director, Mr. Marvin Burke, has again shown his strong fiscal management by keeping our budget within the guidelines set down by Government, yet maintaining the best possible service to our clients.

We look forward, Sir, to a brighter future as we continue to serve the people of our province through an enlightened and concerned Government.

Sincerely,



Les Stoodley
Chairman

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III. CLIENT STATISTICS

COMMISSION, REGIONAL BOARDS, STAFF, AND LOCAL COMMITTEES

Nova Scotia Commission on Drug Dependency

Les Stoodley Halifax	Chairman
Ken Lowe, B.Th. Digby	Vice-Chairman
Edwin G. Belzer, Ph.D. Halifax	
Fr. Vern Boutilier, A.C.S.W. Sydney	
Fr. John Graham, B.A. Reserve Mines	
Jean Gray, M.D., F.R.C.T. (C) Halifax	
F. James MacLeod, B.Sc. (Pharm.) Yarmouth	
Jack Phinney Middleton	
Hector Porter, B.S., L.L.B. Halifax	
Kenneth C. Smith, M.Sc. Truro	
Orest Ulan, B.A. Halifax	
David Waterbury, Q.C. Kentville	
Harris Naugler Dartmouth	

Nova Scotia Commission on Drug Dependency Staff

Marvin M. Burke, R.S.W.
Executive Director

Carol Ann Amaratunga, Ph.D.
Coordinator, Prevention and Community Education

Edward T. Fitzpatrick, B.A.
Coordinator, Industrial Programs

Brigitte Neumann, M.A.
Coordinator, Documentation, Evaluation and Research

Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

Eleanor (Suzi) Cardoza, B.A.
Supervisor, Training Programs

Harry Roberts
Public Information Officer

Brian Wilbur, M.Ed.
Coordinator, School Services

Patricia MacNeil, B.A.
Librarian

Zane O'Brien, B.Comm.
Manager, Administrative Services

Cape Breton Regional Advisory Board

Rev. John Graham, B.A. — Chairman
Reserve Mines

Albert Prossin, M.A., M.D., C.M., C.C.F.D. — Vice-Chairman
Westmount

Sr. John Bosco, B.Sc., Ph.D.
Glace Bay

Martin Brennan, M.D.
Glace Bay

Napolean Chaisson, B.A., B.Ed.
Cheticamp

Joan Elman, R.N.
Sydney

Rev. Melvin Findlay
Sydney

Lee M. Fuller
Orangedale

Jack Hicks, B.A., B.D.
St. Peters

Rev. Hugh MacDonald
Arichat

Hugh MacDonald
Inverness

Mary MacIsaac, R.N.
North Sydney

Kathleen MacLeod
South Haven

William Mullins
Sydney

Kenneth Murray, M.D.
Neil's Harbour

Wilfred Prosper
East Bay

Rev. Duncan E. Roach
New Waterford

Fr. John Webb, M.S.W.
Sydney

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Coordinator

Claire Nyiti, M.S.W.
Manager, Treatment Services

Stanley MacDougall, M.S.W.
Field Representative, Industrial Program

Allister MacRae
Field Representative, Prevention and Community Education

Ruth Harvey Morrison, B.Sc. (Honours)
Research Assistant

Jack Coffey, C.I.M., B.B.A.
Office Manager

Dorothy Morrison, R.N.
Head Nurse

Rev. Bernard MacDonald
Director, Talbot House

North Shore Regional Advisory Board

Kenneth C. Smith, M.Sc. — Chairman
Truro

Warren Chipman — Vice-Chairman
New Glasgow

Stan Chisholm
Stellarton

Robert Cooper, M.D.
Pictou

Nellie Crowe
Truro

Ronald Fraser, M.A.
Antigonish

James Gilbert
Springhill

Fr. Kyte Gillis, B.A., B.Ed., S.Th.B.
Pictou

Thomas W. Kindervater
Truro

Howard Locke, B.A., M.D., C.M.
New Glasgow

David E. Mason
Truro

Stillman S. Smith, B.Sc., B.Ed.
Antigonish

Muriel Sutherland
Truro

North Shore Regional Staff

Donald J. MacDonald, M.A.
Regional Coordinator

Robert MacDonald, M.S.W.
Manager, Treatment Services

Kevin MacPherson, M.A., B.S.Th.
Field Representative

David J. Macdonald, B.A.
Research Assistant

Gordon Thompson
Accountant/Office Manager

Betty Wilsack, R.N.
Head Nurse

Metropolitan/Lunenburg Regional Advisory Board

Orest Ulan, B.A. — Chairman
Halifax

James J. Magee — Vice-Chairman
Halifax

Hope Beanlands, R.N., B.N.
Halifax

Clarence Briggs
Halifax

Robie Chipman
Bridgewater

Richard Flewwelling
Musquodoboit Harbour

Rev. Rod MacCauley
Halifax

Betty McEachern
Sackville

Doris McGrath
Halifax

William G. Middleton, M.S.W.
Bridgewater

Phyllis Murray
Lower Sackville

Neville Robinson, M.D.
Dartmouth

Cyril Sampson
Halifax

Sam Waye
Head of Jeddore

Metropolitan/Lunenburg Regional Staff

R. Joseph Power, M.S.W.
Regional Coordinator

Paul Girard, M.S.W.
Manager, Treatment Services

Samuel Rendell
Field Representative

Chris Cassell
Accountant/Office Manager

Ann Beaton, R.N.
Head Nurse

Valley Health Services Association
The Alcoholism Program Advisory Council

Edna Moran New Minas	Chairman
Jack Phinney Nictaux West	Vice-Chairman
Paul Fraser New Minas	
George Beals Middleton	
Rev. Harold Cox Middleton	
Gaston d'Entremont Centreville	
Bertram Frizell Windsor	
Dr. George Kenny Windsor	
Peter Mosher Kentville	
Lloyd Murray Centreville	
John Thompson Middleton	
Lydia Sorflaten R.R. 1 Clarence	
Bernard Campbell R.R. 1 Upper Rawdon	

Robert Taylor
Canning

Rev. Neill Price
Wolfville

David Waterbury
Kentville

Cyril White
Kentville

Dr. James Rafferty
Kentville

Valley Health Services Association Staff

Gaston d'Entremont
Regional Coordinator

Gayle Wilson, R.N.
Unit Coordinator (Detox)

Ann Lewis
Coordinator of Education and Prevention

Brian Nernon
Field Representative

Evelyn Deneau
Family Therapist

Iva Gale
Community Health Worker (Middleton)

Reg Brown
Community Health Worker (Windsor)

David MacDonald
George Libby
Counsellors: Crosbie House

Dr. James Rafferty
Medical Director

Western Regional Advisory Board

F. James MacLeod, B.Sc. (Pharm.) — Chairman
Yarmouth

Sandra Noah, R.N. — Vice-Chairman
Salmon River

Rev. George Bell, B.Th., C.D.
Smith's Cove

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Annie Hagen
Hunts Point

Freda Judge
Yarmouth

Phillip Landry
Amirault's Hill

Ken Lowe, B.Th.
Digby

J. Gerard MacEachern, B.Comm.
Yarmouth

Albert Dugas
Church Point

Fr. Leo Maillet, B.A.
Wedgeport

Francis Babin
Liverpool

Alexander E. McCabe
Shelburne

Robert McConnell
Liverpool

Roland Muise, M.D.
Yarmouth

Mrs. Georgina McLaughlin
Yarmouth

Western Regional Staff

David Cassidy, M.S.W.
Regional Coordinator

Earl Ward, B.A., S.T.M.
Field Representative

Louis Comeau, B.A.
Research Assistant

Suzanne Surrette, B.S.W.
Clinical Therapist

Robert Sharrow, B.A. (Hons.)
Post Graduate Diploma in Clinical Behavioral Sciences
Coordinator, Queen's County Referral Centre

Local Committees

Local Committees function as groups in association with regional boards, and thus the Commission, in delivering education and prevention programs at local levels.

They represent towns, villages and areas within regions and, in effect, are the very foundation upon which the Commission's regional program development is based. Local committees identify community needs and advocate programs to meet such needs. These communities receive ongoing funding from regional boards for local education and prevention programs. Each has on hand literature and information for distribution within its area. Some 400-500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

CAPE BRETON REGION

Baddeck
Cheticamp
Glace Bay
Inverness
Isle Madame-Louisdale
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
St. Peters'
Sydney
Sydney Mines

NORTH SHORE REGION

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke
Springhill
Stewiacke/Shubenacadie
Truro
Westville

METROPOLITAN/LUNENBURG REGION

Bridgewater
Eastern Shore
East Hants
Sackville

WESTERN REGION

Clare
Digby
Queens
Shelburne
Yarmouth
Argyle
Barrington

AN OVERVIEW OF 1982

Message from the Executive Director

During 1982, the Nova Scotia Commission on Drug Dependency implemented a new direction in drug education with the initiation of a formalized pilot project in peer group education in one school system within the Metro/Lunenburg Region. This project, which offers senior high school students the opportunity to participate in drug education training of trainers programs, resulted in those students working in teams and delivering important drug education information to junior grades in the high school.

The impact of a peer education program is multi-faceted, and has been tested informally in the Cape Breton and Valley Region. In both areas, senior high school students were perceived as effective role models for younger students, and teaching staff and school boards were involved from the outset in planning, delivery and evaluation. The second phase of this approach includes the organization of parent groups who meet to discuss their participation in the program, while in the third phase community agencies are involved in supporting work with the schools. In the third phase Commission Community Health staff also offer the opportunity for referrals for those requiring counselling. The program thereby offers both prevention and treatment and rehabilitation. What is more important, it does not isolate the school as the centre of the problem but rather focuses on the total community as the basis for the identification of concerns.

In support of this very important pilot project, the Commission was the recipient of a $20,000 grant from the Department of National Health and Welfare, Health Promotion Directorate, which is to be used for the development of three sets of text books focusing on peer group education and which would be utilized by teachers, the students delivering the program and the junior grades participating as students.

In addition to the implementation of the peer education program, the Commission on Drug Dependency personnel began meeting with representatives of the Department of Education and the Attorney General's Department with a view to working together on projects which would support the peer education program through work with school boards and teachers. The Department of Social Services will also participate by reviewing counselling needs, the role of the Family Court and other aspects which may be of concern.

Work continues in all of the Commission divisions and caseloads in all regional programs have increased. The impact of the economic problems encountered by Nova Scotians has meant a greater influx of patients to treatment centres, and in many cases treatment centres have waiting lists. This is of great concern to staff since the Commission has joined with other departments of government in programs of financial restraint. As a result, operational resources have been minimized, thereby limiting our ability to respond to calls for assistance. However, our staff have made efforts to reach out as much as possible, and new techniques in working with people have been instituted in order to ensure as broad a coverage as possible. A greater emphasis is now being placed on working with groups and families.

The Commission continues to be concerned about the eventual impact of offshore oil exploration, and in its research of the available literature, notes the increased drinking behavior of those working in this industry. The literature also points to increased accidents on the job, especially on Mondays and Fridays, and voices concern regarding increased problems in mental health as well as the general abuse of alcoholic beverages and other drugs. Sudden influxes of population, lack of recreational areas, greatly increased incomes, all of these factors place great stress on both individuals and communities. The Commission is preparing to recommend implementation of preventative as well as rehabilitative programs in order to deal with this possible new source of trouble.

In summary, 1982 has been a very busy year. Exciting things have occurred in the field of education, Drug Awareness Week was even a greater success than in previous years and caseloads continue to climb. However, the Commission's greatest concern is that dwindling resources may in the future limit the Commission to responding only to crises, rather than being able to also take proactive steps in education and prevention.

Marvin M. Burke, R.S.W.
Executive Director

Industrial Division

The value in a firm or organization having an Employee Assistance Program is becoming increasingly recognized throughout the province. Aside from the growing numbers of companies that are establishing Employee Assistance Programs, the most important indicator is the hiring of full-time Coordinators to manage programs at the work site, leaders in this development being the federal government agencies. It is also increasingly clear that at present there are, on a per capita basis, more of these people located in Nova Scotia than elsewhere in Canada. Over the years, the Industrial Division has played an important role assisting many federal government departments to obtain full-time help in administering their Employee Assistance Programs.

As more full-time Coordinators are hired by business and industry, there is significant change in many of the referrals that are being initiated for employees. Due to the availability of a full-time Coordinator, Supervisors are making increasing use of their policy in making referrals of their "troubled" employees. In the early 70s, most of the referrals were of an alcohol or drug nature. What is now being seen are referrals relating to problems of a marital, financial, or emotional nature. That is not to say that alcohol is any less the major problem of a health behavioral nature affecting the work force in the province of Nova Scotia. However, what it does indicate is that these other problems for which employees in the past were not getting assistance are now finally receiving much needed attention.

The Industrial Division's Coordinator acts as a consultant to the Nova Scotia Employee Assistance Program's Association, and this Association over the past year sponsored four major seminars relating to problems other than alcohol that affect an employee's work performance. For example, one of the Association's seminars consisted of a program in which representatives from four community agencies explained their services and how they could assist companies in making referrals. Represented at this seminar were the following agencies: (1) Dalhousie University; (2) Regional Family Counselling; (3) Department of Consumer Affairs; and (4) the Psychology Department of Camp Hill Hospital.

The members of the Nova Scotia Employee Assistance Program's Association have expressed their desire for more of the same types of programs for 1983 and it is anticipated that similar

programs will again be held. The Nova Scotia Employee Assistance Program's Association has assisted full-time federal government Coordinators in forming a sub-committee within the Association through enabling them to meet to discuss needs which are peculiar to employees in the federal government services. These needs were not being met at the regular meetings of the Nova Scotia Employee Assistance Program's Association.

The Health Services Department of the City of Halifax was assisted in expanding their alcohol and drug policy to that of a broad-brush Employee Assistance Program policy. Information sessions were held for the city for representatives from the supervisory and union ranks to explain the new policy. The major difference between the old and the new policy is that instead of only one labour management committee there are now four. These committees consist of one for the police department, fire department, inside workers and outside workers. Officials from both sides of the working community in the city were most enthusiastic about the design of their new program.

The Halifax County Bedford District School Board and C.U.P.E. Local 1025 introduced an Employee Assistance Program for their employees in 1982. This program is designed along the lines of the program for teachers in the province of Nova Scotia. The county program now gives coverage to school bus drivers, custodians and administrative clerical staff. With the introduction of this policy, all employees employed in the school system of Halifax County are now covered.

The Canadian Broadcasting Corporation approached the staff of the Industrial Division and requested assistance in contacting a firm where there was a successfully operating program. The CBC television reporter was introduced to the Supervisor of Medical Services at the Maritime Telegraph and Telephone Company Limited, and a very successful television presentation on their program was produced for viewing throughout Atlantic Canada. Interviewed at that time were representatives from management and labour, the Medical Department, and two employees who had both utilized the Maritime Telegraph and Telephone Company Limited's Employee Assistance Program. All parties interviewed spoke on the importance of the work of the Nova Scotia Commission on Drug Dependency and how its Industrial and Treatment Divisions had enabled Maritime Telegraph and Telephone Company Limited to

have such a successful program. A similar program was later presented on CBC radio during Drug Awareness Week.

Information sessions on Employee Assistance Programs were conducted in many organizations throughout the year, receiving a very positive response. The Atlantic Region Management Training Centre, in conjunction with the Nova Scotia Commission on Drug Dependency, once again sponsored two one-day seminars on the development of an Employee Assistance Program. Staff from the Industrial Division were assisted in these programs by resource people from Air Canada, Maritime Telegraph and Telephone Company Limited, and the Professional Institute of the Public Service of Canada.

The Industrial Division, through its Coordinator, has national and international affiliation with the following organizations: Humber College Conference and Seminar Services Division, as a member of its Program Committee; member of the National Steering Committee of the Canadian Labour Congress's Employee Recovery Program; member of the Association of Labour-Management Administrators and Consultants on Alcoholism; and President of the Canadian Addictions Foundation. Through these valuable contacts, the Industrial Division is kept informed of all current developments in the Employee Assistance Program field. In addition, the Coordinator of the Industrial Division was invited by the American Occupational Medical Association to speak at their International Conference in Toronto.

Documentation, Evaluation and Research

The implementation of a Service Delivery Information System was the major project of this Division during 1982. The new system was designed in consultation with program managers to meet information needs for program review and performance measurement more adequately. The system produces a range of reports of service utilization for each program within each Region, for any specified time period. As well, for each program a range of demographic, social and drug dependency characteristics of clients can be produced. An important new feature of the Service Delivery Information System is that it collects and reports the extent to which clients are linked to ongoing treatment, not only within the Commission's treatment programs but to other community agencies and groups as well.

During 1982, program cutbacks resulted in the loss of staff and other resources. In consequence, implementation of some activities has been delayed. Nevertheless, 1982 saw the completion of an evaluative study of Drug Awareness Week and planning for a survey of alcohol and other drug use in Halifax schools to be carried out in February, 1983.

Prevention and Community Education Division

The Prevention and Community Education Division of the Nova Scotia Commission on Drug Dependency is newly renamed from Human Resources. The role of this Division is to provide services to the community, increase public awareness of hazardous drug use, and to present an opportunity to change attitudes and values. The approach of this education and prevention program is three-tiered. This includes the development or heightening of awareness through the mass media and advertising, as well as with programs which attract large audiences. The second level must offer the opportunity for individuals to meet in smaller groups and develop new attitudes and values towards alcohol and other drugs. The third level is crucial, in that it must provide the opportunity for individuals to develop the skills needed in order to follow through on their heightened awareness and new attitudes toward drug abuse.

The Nova Scotia Commission on Drug Dependency through its Prevention and Community Education Division, also plays an important role in community development, helping people get together to affect the institutions in their community and in their lives. Throughout Nova Scotia there are some 30 local committees in towns and villages composed of citizens of different backgrounds, who identify with Commission goals and have a commitment toward dealing with the problems of drug dependency. Those represented on the local committees include teachers, police, doctors, nurses, recovered people, family members of recovered people, etc. The work of the local committees and the field staff of the Commission through the Prevention and Community Education Division is crucial in that it not only provides a method whereby education and heightened awareness is created in the regional areas, but also provides strong support for Commission work. Without this kind of citizen support, working in a "partnership" with government, Commission services would be diminished in terms of effectiveness.

Today's society demands instant solutions for its problems. The benefits of Prevention and Community Education services are often intangible; results tend to be illustrated over the long term. Thus, community, education, and prevention programs suffer both in terms of the image presented to society as a whole and, therefore, in terms of the kind of financial supports often given. However, the key to any service which deals with the management of social and health problems is prevention and community education. Without the realization that this service must be supported much more strongly than it has been in the past, little can or will be done to have any major impact on the prevention of additional problems in the future.

This fact further supports the Commission viewpoint that it is crucial to implement a dedicated tax on beverage alcohol, in order to obtain sufficient funding for such programs as Prevention and Community Education.

Training and Development

In 1982, staff continued to participate in skill development and information workshops. The training staff also offered its services to the community.

Basic Counselling Workshops. Twenty-two Salvation Army officers from the Atlantic Provinces, Quebec and Bermuda participated in this five-day workshop.

Addictions Core Knowledge. Four four-day basic knowledge workshops were conducted in three regional locations for Commission and Valley Health Services Association staff.

Family Therapy Workshop. Twelve Clinical Therapists and two Treatment Managers participated in a family therapy workshop specifically designed for those working with substance-abusing families.

Peer Drug Education Training. Forty senior high school students and teachers from the Kings County District School Board were trained to deliver drug education programs to grade 8 students. This was the second year for this joint training program between School and Youth Services and Training and Development Services.

Plans for 1983 include offering Core Knowledge training to Regional Advisory Boards and to the Commission Central Board. As well, plans are being made to implement training in counselling for community health workers and special counsellors.

School and Youth Services

The major highlight for the school and youth service of the Commission was the implementation of the community outreach project. The project has three major thrusts:

- Peer education — the training of senior high school students to deliver drug education lessons to junior high school students
- Parent education — drug information is presented to groups of parents along with reinforcement of parent-child communication
- Referral system — positive intervention procedures for the staff of a school who wish to help students harmfully involved with drugs.

The project has been assigned to a specific high school and the elementary and junior high schools which feed into the high school. During the three years of the pilot the program will be monitored. In the future, the concept of the pilot will be expanded to other areas of the province.

Peer education programs were implemented in two areas of the province. The training program was conducted with the assistance of the Commission's training division. The youth services division has continued to deliver inservice sessions for teachers and to work with teachers to develop specific materials for classroom use.

Drug Awareness Week has provided a stimulus for classroom activities throughout the province. Joint school projects for the week were undertaken with the Department of Education. The regions took the initiative to create specific programs to meet local needs. The Division is now reviewing plans to begin working towards the introduction of "Safe Graduation" programs in senior high schools. The first step will be to field test the concept during 1983.

Special Services

During the past year many audio-visual aids were provided to assist staff in the presentation of school and public information programs. These services included the preparation of video taped programs, slide-tape duplication and distribution to regional offices, the design and preparation of overhead projector transparencies, film maintenance and associated audio-visual hardware. In addition, several exhibit-displays were prepared as drug information booths for university residences, schools, shopping malls and community public information programs. The following is a list of some of these activities:

- Mount Saint Vincent University
  Drug Information Day
- Shopping Mall Display (student nurses)
  Non-Smoking Week
- Acadia University, Wolfville
  Dialogue on Drinking, student program
- Mount Saint Vincent University
  Women and Addictions
- Block Parents Association
  Drug Information
- Canadian Health Week, Truro
  Drug Awareness
- C.F.B. Greenwood, Armed Forces Day
  Drug Information
- Cobequid Multi-Service Centre, Bedford Mall
  Drug Information, Display
- Acadia University, Wolfville
  Drug Awareness, Students Residence Life
- Victoria General Hospital, Nurses' Residence
  Drug Abuse Information

- Halifax, North End Community Clinic
  Drug Awareness

- Acadia University, Wolfville
  Students

- Drug Awareness Week, Sunnyside Shopping Mall
  Drugs and Driving

The Special Services Division provided assistance in audio-visual presentations and recordings at the 1982 Canadian Addictions Foundation Symposium on "Youth In The 80s", held in Saint John, New Brunswick.

Special Services was heavily involved with promotional aids for media and press coverage during the Commission's 1982 Drug Awareness Week campaign. This included assistance in the preparation of a twelve page tabloid based on this year's theme, Drugs and Driving, as well as bus cards, automobile bumper decals, television public information messages and a shopping mall display.

Library Services

The Library continues to play an important role in providing resources for the training and development of Commission staff.

The Commission Library has in its collection approximately 1500 volumes, 61 journals, and various abstract, vertical and government document files. The audio-visual resources consist of 70 16mm. films, 43 videotapes/cassettes, 21 audiotapes, as well as several filmstrips and slide shows. As a resource centre, it is the largest and most selective of its kind east of Toronto. The centre extends its services to students, educators, researchers, health professionals, social workers, and the general public. It also cooperates with other government libraries to make information more accessible to all government employees.

Pamphlet distribution and film loans are the most frequently and widely used of the library services. From January 1982 to December 1982, approximately 100,000 pamphlets were distributed, and films were loaned 562 times.

Treatment and Rehabilitation Division

The Treatment and Rehabilitation Division of the Commission this year spent much of its time in preparing a Treatment and Rehabilitation manual. This manual will reflect all treatment and rehabilitation programs in the Commission, detailing the methodology and modalities used and referring to goals and objectives as well as program content. In the appropriate places, protocols will be established and made part of the manual.

The reasoning behind the creation of such a manual is to ensure that all parts of the Province of Nova Scotia are aware of the fact that Commission programs are universally available and to ensure that the public at large is knowledgeable about Commission program approaches and objectives. As well, detailing Commission rehabilitation programs allows for evaluation at any point in time. Further, the development of such a manual assures continuity of care and the possibility for modification of program directions from time to time.

Pharmacology Programs

The Commission pharmacologist has been very active with the Regional Treatment Standards Committee during 1982. Acting as a catalyst and resource person, he coordinated the development of a new set of guidelines and routine standing orders for the withdrawal from Benzodiazepine tranquilizers (for example, Valium®, Librium®), and a major review of the existing standing orders for alcohol withdrawal. A Provincial Treatment Standards Committee made up of physician representatives from each regional committee and key staff finalized these guidelines and standing orders so they would be standardized throughout the Commission services. They were officially approved by the Commission Board March 25, 1983.

The guidelines for Benzodiazepine withdrawal appear to be the first formal written guidelines developed by a Canadian Drug Dependency Service Agency. These standing orders will become an appendix of the Treatment and Rehabilitation Program manual referred to above. The Commission pharmacologist played an active role on the Committee reviewing Commission services and developing the Treatment and Rehabilitation Program Manual.

Street drugs and factors affecting prices and availability of the

various drugs were studied and summarized in a report entitled: "Report on the Current Street Drug Scene in Nova Scotia: January 1981 to May 1982." It summarizes the relative incidence and the prices current at that time. (See table.)

One notable new feature of the current street drug scene report is the sudden appearance and availability of "look-a-like" drugs. These are preparations that are made to look almost exactly like many prescription drugs (usually stimulants), but which contain one or more weak stimulants such as caffeine, ephedrine and phenylpropranolamine. Other important features are the continued high availability (and preference for) LSD, as well as a rapidly growing cocaine trade that was virtually nonexistent prior to this period. We can expect greater cocaine use in the near future. The number of patients being treated who have been using one or more street drugs appears to be on the rise as well.

The role of the pharmacologist in assisting physicians and other health professionals as consultant on individual cases and in general education has been steadily growing. This includes participation in classes on addictions and drug abuse for medical, pharmacy and nursing students, and continuing education sessions for those in practice. These efforts and activities are directed at developing a more formal and substantial component of their curriculum to deal with drug dependency and drug abuse. In addition, the Supervisor of Pharmacology Programs has maintained an active involvement with the general public, the media and other community services in the ongoing process of education and prevention.

A Current Summary of Relative Incidence and Prices of Street Drugs Available in Nova Scotia to May 31, 1982*

Drug Name	Relative Incidence**	Going Street Price
Cannabis — Marijuana	1st (most available)	$ 2.00–2.50/joint 65.–75./ounce (less for local marijuana) 500–1,200/pound
Hashish	2nd (regular supply available)	$ 10–15.00/gram
LSD ("Acid")	3rd (currently high but supply recently interrupted)	$ 4–7.00/hit or "tab"
Stimulants		
(a) Look-A-Like Stimulants (Black Beauties)	(currently high in Halifax)	$ 1.00–3.00/capsule
(b) Methamphetamine (Speed)	4th (Sydney Industrial area is main centre, Halifax second)	$100.00/gram = "one hit"
(c) "Toot"	(supply recently interrupted sometimes sold as Cocaine)	$ 35.00/gram
Phencyclidine (PCP)	5th (currently high)	$ 5.00–12.00/pill or capsule
Diverted Prescriptions	6th (fluctuates with supply)	$ 0.50–5.00/pill
Cannabis — Hash Oil	7th (fluctuates)	$ 25.00–40.00/ml.

A Current Summary of Relative Incidence and Prices of Street Drugs Available in Nova Scotia to May 31, 1982* continued

Drug Name	Relative Incidence**	Going Street Price
Organic Solvents	8th (selected young users)	price varies or is stolen
Butyl Nitrite ("Locker Room")	9th (available at "Head Shops")	$ 10-15.00 per 1/2 ounce btl.
Opiates (Prescription)	10th (fluctuates. Novahistex demand strong in Cape Breton)	$ 5.00 and up to $70.00/pill
Cocaine — "Snow"	11th (recent increase - selected users)	$125-175/gram
Opiates — Heroin	12th (infrequent — selected group)	$ 35-70/cap = "one hit"
Magic Mushrooms	13th (seasonal — August-November)	$ 25-50 per 1/4 ounce dried
Miscellaneous Chemicals	14th (sporadic — poor reliability)	? varies

*From Report on the Current Street Drug Scene in Nova Scotia; January 1981 to May 1982, by G.J. Johnstone, Pharmacologist, Nova Scotia Commission on Drug Dependency (July 1982).

**At any point in time, the relative incidence of a drug category may vary from that shown above. However, the above order reasonably reflects the present drug occurrences in Nova Scotia.

Cape Breton Regional Program

Rehabilitation and Prevention Programs continued to be heavily used across the Cape Breton Region. With the introduction of new and innovative ways of delivering services to the public, all programs were able to show an increase in the utilization of services. The widespread acceptance that addiction is a treatable and beatable problem has contributed greatly to the success of the Commission Programs. The change in attitude among both the public at large and individuals requiring services has been the number one factor in persuading many people to avail themselves of both the Rehabilitation Programs and the Prevention Education Programs. All levels of the community, especially self-help groups, have been instrumental in assisting Commission Staff in the acceleration of acceptance and utilization of services.

Some of the innovative ideas utilized in the programs delivered throughout the year have been in the following areas:

Family Series

The introduction of the Family Series to the O.P.D. Program has met with tremendous success. One night a week the spouses and family members of an addicted person (active or inactive) meet to learn to live and deal appropriately with the problems in their families resulting from drug dependency.

Assessment Team

The Assessment Team approach introduced at the various levels of program linkage has enabled staff to design treatment plans to meet the specific needs of many clients in keeping with the available resources of the Commission and the community.

Detoxification Program

The Detoxification Program has seen a steady increase in the number of cross-addicted clients; for this reason, measures have been introduced to adjust our initial approach in terms of duration of treatment time, withdrawal protocol and staff inservice training. In the Cape Breton Region the family physicians have been very cooperative in the referral and follow-up of clients with benzodiazepine and barbiturate problems.

Treatment Orientation Series

The Treatment Orientation Series, follow-up from the Detoxification Program, has enabled many more clients to receive a quality rehabilitation service, which was not available in previous years. With this new approach, clients could be seen on a Day Care, as well as an In-Patient Program, and the end results in utilization have been more satisfactory. A spin-off effect has been that clients receiving Treatment Orientation and going on to the Short-Term Program were better prepared to work their treatment plan.

Park House Program

During the past year innovative changes were made in the Park House Program to ensure maximization of service to individuals requiring this Program. Length of stay was reduced on the average by three months, with an intensification of lifestyle and counselling content, thus enabling the number of individuals being treated to be increased, while stressing the transitional stage of the rehabilitation plan.

Short Term Program

The year has also seen a change in the delivery of the Short Term Program. While still maintaining its two basic treatment approaches of group therapy and group life-skill development, a one hour communication lab session has been added on a daily basis. As a result of this change, clients are able to intensify their treatment involvement.

Industrial and Business Services

A total of 121 clients were involved in Employee Assistance Programs, either on a formal or voluntary basis. Follow-up contacts were made by the Industrial Field Representative with 52 formal clients — 39, or 75% were still unemployed. On-going programs consisted of updating existing programs and policies, training and education sessions, initiating new industrial and business contacts and coordinating and monitoring treatment contracts between clients and their work place.

Prevention and Community Education Division

Community Development Service: During the year, staff and the 13 local committee volunteers in the Cape Breton Region devoted 3800 manhours to planning, conducting and travelling to programs in the community. This is an average of 10 hours per day! A total of 257 programs were delivered, plus 52 media exposures.

Administration

With the cooperation of Staff and the advisory support of the Regional Board, a number of changes were introduced to facilitate the on-going Rehabilitation and Prevention Programs. This year was not without its budgeting restraints. However, every effort was made to insure the continuing equality of services offered, making the year a successful one.

North Shore Regional Program

At the present time North Shore staff is at a full complement, except for one Domestic position. This enables us to address some long-standing concerns in the Region.

In recent months the Recovery House Program has undergone a re-organization with heavy input from North Shore management staff. Recovery House was reopened January, 1983.

The Region has seen a very active Drug Awareness Week with more Local Committee involvement than in the past two years.

Treatment and Rehabilitation

Detoxification. The projected total to the end of December is 950 admissions. Approximately 33% of the admissions were first admissions. Linkage to other Nova Scotia Commission on Drug Dependency programs was 65%.

Utilization of Detox services was as follows:

Pictou County	- 44%
Cape Breton Island	- 17%
Antigonish/Guysborough	- 16%
Colchester County	- 11%
Cumberland County	- 11%
Other	- 1%

Treatment Orientation Program (T.O.P.). Approximately 285 people or 30% of all Detox admissions entered the Treatment Orientation Program. Patient evaluations show a very positive result.

Roster Doctor. We have been fortunate in obtaining the services of Dr. Robert Cooper to replace Dr. Howard Locke. Dr. Cooper is chairing the Treatment Standards Committee. In addition to this, he is providing excellent patient care and is readily available to Treatment staff for consultations.

Out-Patient Departments. Individual counselling remained the predominant mode of therapy. However, family involvement and group therapy sessions did increase over last year. Individuals seen in our O.P.D. offices are down from last year. This is partly due to months of sick leave and unfilled positions.

Pictou Out-patient Department staff gave impetus to and cooperation in the formation of Family Anonymous and Narcotics Anonymous groups in the Pictou area. These groups are now functioning.

Staff and Development

During the past year, an on-going effort was made to upgrade both staff knowledge and resources. Peer supervision meetings were held on a regular basis involving all Out-patient Departments. In addition to this, Treatment staff participated in two in-services organized and conducted by North Shore personnel: (1) Women and Addiction, March 1982 (2) Group Therapy, November 1982. Four North Shore staff attended the C.A.F. Conference. Core Knowledge — Eight staff have been involved in this Program in the past year. Probation workshop — All O.P.D. staff participated in a Probation Workshop held in Truro in June 1982.

Drug Awareness Week

Bumper stickers, drug information leaflets (16,000), and buttons (1,000), were distributed in the North Shore Region.

Various media events and audio-visual presentations were scheduled as well as public presentations, mall and library displays.

Prevention and Community Education and Industrial Divisions

Literature. Aside from Drug Awareness Week, over 8,000 pieces of material were distributed along with dozens of requests centered on particular concerns which were handled by staff.

Local Committees. Along with the already active committees in Springhill and Antigonish, committees in Pictou and Truro have been rejuvenated and played a very active role during Drug Awareness Week.

General Public. Speaking engagements to Service Clubs, Home and School Associations, Youth Groups, Church Groups, Women's Institutes, were seen by staff as providing unique opportunities for heightening Drug Awareness in the local communities.

One outstanding result of the above was an eight-week Drug Awareness Course for Adults held in Trenton. Community members worked with North Shore staff in organizing and presenting this program. We are now looking at more of these in the coming year.

In-Services. This year, for the first time, Rural Schools have requested in-services due to incidents with drugs in these schools. Three rural schools received in-services.

Resident Directors and Assistants at St. Francis Xavier University received Training Sessions along with Hospital Nursing staff, Penitentiary staff (Dorchester and Springhill), Camp Debert Military and Pictou County Guidance Counsellors as a group.

The above, added to the request to set up a Student Support Program from the Pictou Amalgamated School Board, seems to point to the fact that we are perceived as a solidly established agency which is viewed as a vital community resource. This indicates a certain maturity of perception on behalf of the community at large

and augers well for the future.

Recovery House

Early in 1982, the Recovery House Board accepted the Working Paper on the reconstruction of Recovery House, prepared by the North Shore Regional Advisory Board on Drug Dependency. In the Fall of 1982, Recovery House Board began to actively engage in a search for appropriate personnel to staff the program. As a result, an Administrative Supervisor as well as Treatment and Support staff have been chosen. The Recovery House Program resumed its services January 10, 1983.

A positive relationship continues between Recovery House and the North Shore Program. The annual Commission grant of $84,000 will continue and Recovery House will make efforts to raise the additional funds needed to meet program requirements.

Metro/Lunenburg Regional Program

It may now be said that 1982 was highlighted by innovation, improved efficiency and teamwork. Some of these activities were due, in part, to economic restraints which resulted in "trying to do more with less", but generally they were due to the region's continuing efforts at program delivery to meet client needs.

Assessments

Assessments became much more formalized and streamlined especially since one staff member now coordinates the assessment activities in early treatment. This has led to more appropriate referrals and the better utilization of resources especially in the decision-making process relative to treatment planning.

Specialized Programs

Many more opportunities for specialized programs became available, due to the reductions in inpatient program space that afforded the clients alternatives to in-patient care. Among thse are included:

- a family education series and a group for people affected by alcoholism in the family.
- specialized groups for female clients.
- a course on reality therapy/self-esteem and a family night educational program.

Inservice Programs

At the request of Detox staff, an inservice program was started this past year which utilizes the various staff resources at the Commission and in the community in keeping staff informed on current trends in the drug dependency field. The programs are coordinated by two detox staff members and all sessions are put on cassette for future reference.

Another major undertaking was the training and qualifications of all Detox staff and many other regional staff in Cardio Pulmonary Resuscitation. These skills, once learned, are updated on a regular basis by practice sessions as required by the Canadian Heart Foundation.

In the 28-Day After Care programs, opportunities arise every five weeks to offer specialized programs to the community at large, such as programs for youth as well as inservice training and development programs.

Education and Prevention Programs

Regional staff continue to be very heavily involved in public information programs, in the schools, with service clubs, local community groups and in the business community. Staff spent in excess of 1700 hours in planning and delivering programs; all requests for programs, however, could not be met.

Local Committee activity was up 30 percent over the previous year, a tribute to the volunteers who spend their volunteer hours in program planning and delivery at the community level. In addition to the committees in Bridgewater and Eastern Shore, local committees function in Sackville and Elmsdale.

Regional Board Committee Activities

The Education Committee was quite extensively involved during Drug Awareness Week and during a Christmas Campaign, distributing materials to schools and to professional offices. The committee focused its main activity on the young person in school and encouraged school systems to purchase the "Hole in the Fence" Program on a cost-shared basis.

The Treatment Standards Committee spent most of the year reviewing and updating the Treatment Standards Protocol for Primary Care Units. It has also started to focus its attention, as well, on a protocol for minor tranquilizer withdrawal.

Valley Health Services Association Program

During 1982, with an approved staff complement of 18, we were able to maintain existing programs and develop new services in the region.

Detox Unit

The five-bed unit at Miller Hospital had an average daily census of 4.24, an increase over last year. Hants County residents utilized the largest proportion of services, followed by Kings and Annapolis Counties.

Crosbie House

The demand for this service increased during 1982. This ten-bed unit does not have the capacity to satisfy all the requests for the 28 day program from the community. In an attempt to alleviate the problem, we have been accepting clients as day patients.

Follow-up

Besides a family therapist and two Community Health Workers, the Valley Region uses volunteers to assist in follow-up of patients. These "contact persons" are selected and trained by our field worker. During 1982, some of our ex-patients were assuming the role of contact person and were providing valuable assistance to the program.

Satellite Offices

A community health worker located at Soldier's Memorial Hospital in Middleton and serving Annapolis County residents was given an office in the new section of the Hospital. A four-bed detoxification program was initiated at Soldier's Memorial Hospital. This new service will add to the workload of the Community Health Worker while being an asset to the residents of the County.

At the Hants Community Hospital in Windsor, 1982 saw the establishment of a satellite office to serve the residents of that area. The Community Health Worker has been working in close co-operation with the hospital staff, especially the Department of Social Services and the Emergency Department.

New Services in 1982

This year has seen the Valley Region place more emphasis in the areas of educational and awareness programs. In close co-operation with the Nova Scotia Commission on Drug Dependency, the local police departments, other professionals and members of self-help groups, our co-ordinator of education and prevention has been involved in many community programs such as: Acadia University Dialogue on Drinking, Teacher In-services, P.T.A. groups, and school programs including Peer Education. A booth at the Hants County Exhibition, sponsored by the Windsor Rotary Club was a good example of the type of community support received.

Monthly Family Program

To enhance the treatment already provided to co-alcoholics on a weekly basis, a monthly two-day seminar is being considered at the Miller Hospital for significant others such as spouses, children, employers, staff of helping agencies, clergy, etc. The nurses' residence is used to accommodate up to twenty participants. The family therapist has also worked very closely with the Al-Anon family groups in the area.

Staff Training

Ten staff members have attended the Core Knowledge course offered by the training division of the Nova Scotia Commission on Drug Dependency. Two others are involved in a Structural Family

Counselling program offered at Fundy Mental Health in Wolfville.

Western Regional Program

In May, 1982, the Western Regional Drug Dependency Program opened a satellite out-patient office in Shelburne Roseway Hospital. With this office operational, the original mandate of providing follow-up services in each of the four counties in the Western Region was finally met. A great deal of appreciation and thanks must be extended to the many people of Shelburne County who indicated their support and recognition of the need for this service. The addition of this office will mean that the out-patient team from Yarmouth will be able to work more closely with the Alcoholism Rehabilitation Program at Yarmouth Regional Hospital. It has also provided regular counselling and assessment services to the Nova Scotia School for Boys in Shelburne.

In 1982, an increase in Employee Assistance referrals was noted. This is very encouraging considering the small number of major industries in this region. It is a definite indication that smaller business and industry are recognizing the potential value of Employee Assistance Programs.

In 1982, public awareness programs and local committee activities began the shift towards a more specific focus on youth as the consumer audience. A great deal of assistance in this regard was provided by school personnel, and especially students' councils. During Drug Awareness Week in November, over 3500 students in the Western Region attended programs provided jointly by Highway Safety Officers, R.C.M.P., and Western Drug Dependency staff.

Our services in this region have continued to be complemented by the growing number of self-help groups. In addition to Alcoholics Anonymous and Al-Anon, 1982 marked the beginning of Narcotics' Anonymous groups in Liverpool and Yarmouth and Over-Eaters' Anonymous in Liverpool.

CLIENT STATISTICS

Table 1
Selected Client Characteristics by Region

Characteristics	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Age					
Under 14	0.2	0.1	0.1	0.2	—
14–18	1.7	4.1	1.5	1.2	8.1
19–24	9.1	10.6	9.7	8.0	14.8
25–34	22.2	19.3	25.0	22.4	25.9
35–44	27.2	26.1	26.9	22.8	23.4
45–54	20.5	20.9	20.4	24.5	14.4
55–64	12.8	12.6	12.0	12.1	9.4
65 +	6.3	5.9	4.2	8.2	4.0
No age given	0.8	0.5	0.4	0.4	—
Total (N)	1325	1539	1780	486	479
Sex					
Male	86.3	84.2	84.0	86.0	78.5
Female	13.7	15.8	16.0	14.0	21.5
No data	—	—	—	—	—
Total (N)	1325	1539	1780	486	479
Labour Force Participation					
Employed full-time	33.9	34.4	37.5	39.1	29.7
Employed part-time	3.7	4.7	3.0	5.4	7.9
Employed seasonally	2.5	2.2	1.5	3.3	14.8
Homemaker	5.1	5.5	3.8	3.3	8.4
Student	1.9	3.6	2.6	1.2	7.9
Disabled	6.6	3.7	3.2	3.5	1.3
Retired	10.1	7.0	6.0	10.1	4.2
Unemployed	31.2	35.5	36.4	33.5	24.6
Not recorded	5.1	3.4	6.0	.6	1.3
Total (N)	1325	1539	1780	486	479

Table 2
Client's County of Residence by Region

County	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Annapolis	2	—	6	70	5
Antigonish	13	209	4	1	—
Cape Breton	990	24	25	1	1
Colchester	5	297	28	3	3
Cumberland	2	189	11	1	1
Digby	—	3	6	16	128
Guysborough	5	61	9	—	—
Halifax	8	20	1349	36	2
Hants	3	29	46	114	—
Inverness	123	106	5	—	—
Kings	4	—	6	218	7
Lunenburg	2	1	202	6	2
Pictou	11	541	19	6	1
Queens	—	2	14	4	115
Richmond	45	25	1	—	1
Shelburne	—	3	7	5	58
Victoria	79	2	—	—	—
Yarmouth	—	3	7	4	154
Out-of-province	2	11	16	1	1
Not recorded	7	1	13	1	1
Total	1301	1527	1774	487	480

Table 3
Detox Utilization: Number of Individuals and Discharges by Sex
Cape Breton

Number of Detox Discharges in 1982	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	513	78.4	513	61.0	63	71.5	63	48.1	576	77.5	576	59.2
2	103	15.8	206	24.5	13	14.8	26	19.9	116	15.7	232	23.9
3	32	4.9	96	11.4	8	9.1	24	18.3	40	5.4	120	12.4
4 or more	6	0.9	26	3.1	4	4.6	18	13.7	10	1.4	44	4.5
TOTAL	654	100.0	841	100.0	88	100.0	131	100.0	742	100.0	972	100.0

Table 4
Number of Clients in Inpatient Treatment Programs, by Sex
Cape Breton

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	403	55	458
Daypatient, with detox	4	—	4
Inpatient, no detox	17	2	19
Daypatient, no detox	79	11	90
28-Day Program			
Inpatient	94	18	112
Park House	22	8	30
Talbot House	29	—	29

1. Since clients may attend more than one program, the sum of the columns is *not* equal to the total number of clients in all treatment programs tabulated.

Table 5
Number of Clients by Sex and Total Contacts, Outpatient Services
Cape Breton

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central OPD	429	82	511	2458
Port Hawkesbury	58	12	70	917
North of Smokey	21	3	24	19
Inverness	56	9	65	733
Glace Bay	86	18	104	860
Sydney	104	36	140	553
Northside/ Victoria	125	22	147	1248

Table 6
Detox Utilization: Number of Individuals and Discharges by Sex
North Shore

Number of Detox Discharges in 1982	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	440	74.2	440	53.2	69	81.1	69	62.7	509	75.0	509	54.3
2	99	16.7	198	23.9	10	11.8	20	18.2	109	16.1	218	23.2
3	36	6.1	108	13.0	4	4.7	12	10.9	40	5.9	120	12.8
4 or more	18	3.0	82	9.9	2	2.4	9	8.2	20	3.0	91	9.7
TOTAL	593	100.0	828	100.0	85	100.0	110	100.0	678	100.0	938	100.0

Table 7
Number of Clients in Inpstient Treatment Programs, by Sex
North Shore

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	220	35	255
Daypatient, with detox	6	1	7
Inpatient, no detox	14	3	17
Daypatient, no detox	13	2	15

Table 8
Number of Clients by Sex and Total Contacts, Outpatient Services
North Shore

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/ New Glasgow	405	75	480	4963
Amherst	149	26	175	1907
Antigonish	178	38	216	1816
Truro	266	76	342	3051

Table 9
Detox Utilization: Number of Individuals and Discharges by Sex
Metropolitan/Lunenburg

Number of Detox Discharges in 1982	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	578	77.3	578	58.0	79	78.2	79	60.8	657	77.4	657	58.3
2	115	15.4	230	23.1	16	15.8	32	24.6	131	15.5	262	23.3
3	40	5.4	120	12.1	5	5.0	15	11.5	45	5.3	135	12.0
4 or more	14	1.9	68	6.8	1	1.0	4	3.1	15	1.8	72	6.2
TOTAL	747	100.0	996	100.0	101	100.0	130	100.0	848	100.0	1126	100.0

Table 10
Number of Clients in Inpatient Treatment Programs, by Sex
Metropolitan/Lunenburg

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	214	43	257
Daypatient, with detox	26	3	29
Inpatient, no detox	102	19	121
Daypatient, no detox	30	5	35
28-Day Program			
Inpatient	119	20	139
Daypatient	3	2	5

Table 11
Number of Clients by Sex and Total Contacts, Outpatient Services
Metropolitan/Lunenburg

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Dartmouth	238	125	363	1498
Halifax	672	133	805	6840
Cobequid	59	18	77	531
Bridgewater	155	42	197	2050

Table 12
Detox Utilization: Number of Individuals and Discharges by Sex
Miller Hospital, Valley

Number of Detox Discharges in 1982	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	184	78.7	184	60.8	19	86.3	19	73.1	203	79.3	203	61.7
2	37	15.8	74	24.4	2	9.1	4	15.4	39	15.2	78	23.7
3	8	3.4	24	7.9	1	4.6	3	11.5	9	3.5	27	8.2
4 or more	5	2.1	21	6.7	—	—	—	—	5	2.0	21	6.4
TOTAL	234	100.0	303	100.0	22	100.0	26	100.0	256	100.0	329	100.0

Table 13
Number of Clients by Sex, Crosbie House
Valley

	Males	Females	Total
Crosbie House	118	24	142

Table 14
Number of Clients by Sex and Total Contacts, Outpatient Services
Valley

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville	221	37	258	1279
Middleton	48	14	62	1652
Windsor	87	14	101	1463

Table 15
Detox Utilization: Number of Individuals and Discharges by Sex
Western

Number of Detox Discharges in 1982	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	135	78.0	135	62.0	24	88.9	24	80.0	159	79.5	159	64.1
2	31	17.9	62	28.4	3	11.1	6	20.0	34	17.0	68	27.4
3	7	4.1	21	9.6	—	—	—	—	7	3.5	21	8.5
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	173	100.0	218	100.0	27	100.0	30	100.0	200	100.0	248	100.0

Table 16
Number of Clients by Sex, Treatment Orientation Program
Western

	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	90	18	108
Inpatient, no detox	45	5	50

Table 17
Number of Clients by Sex and Total Contacts, Outpatient Services
Western

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Yarmouth	121	20	141	1043
Queen's Co.	67	51	118	1467
Digby	97	24	121	1542
Shelburne	38	6	44	419